

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

05

12

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		331338.52
(b) Cash on Hand at Beginning of Reporting Period	441985.31	
(c) Total Receipts (from Line 19)	24544.64	214437.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	466529.95	545776.19
7. Total Disbursements (from Line 31)	21591.54	100837.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	444938.41	444938.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	15208.34	171343.18
(i) Itemized (use Schedule A)	8348.34	39789.59
(ii) Unitemized	23556.68	211132.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	23556.68	211132.77
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	987.96	3304.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24544.64	214437.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24544.64	214437.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		21000.00	96000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		591.54	3064.78
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		21591.54	100837.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		21591.54	100837.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23556.68	211132.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23556.68	211132.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1773.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Morrison

Mailing Address 810 Locust St

City State Zip Code
Philadelphia PA 19107-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13762803

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Herbert Jones

Mailing Address 3508 W 28th St

City State Zip Code
Minneapolis MN 55416-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consulting Radiologists,
Ltd.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13762805

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR J Zetterberg

Mailing Address St Raphaels Hospital
1450 Chapel St

City State Zip Code
New Haven CT 06511-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Haven Radiology Assoc-
iates, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13762806

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Geoffrey Smith

Mailing Address Casper Medical Imaging
419 S Washington StCity State Zip Code
Casper WY 82601-2951FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13762807

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR James Bognanno

Mailing Address 9234 Bluestone Cir

City State Zip Code
Indianapolis IN 46236-8922FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763082

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Scott Childress

Mailing Address 7205 Shadeland Station Ste 150

City State Zip Code
Indianapolis IN 46256-3974FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763083

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Karen Ehrman

Mailing Address Irvington Radiologists PC
7205 Shadeland Station Ste 150

City State Zip Code
Indianapolis IN 46256-3974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763084

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR William Elliott

Mailing Address 13791 Conner Knoll Pkwy

City State Zip Code
Fishers IN 46038-3490

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763085

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Mark Fox

Mailing Address 12441 Anchorage Way

City State Zip Code
Fishers IN 46038-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Bryan Hankins

Mailing Address 8452 Sunningdale Blvd

City State Zip Code
Indianapolis IN 46234-1784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 13763113

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Todd Harris

Mailing Address 5880 Sunset Ln

City State Zip Code
Indianapolis IN 46228-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 13763114

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Susan Ivancevich

Mailing Address 365 East 75th Street

City State Zip Code
Indianapolis IN 46240-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 13763115

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kenyon K. Kopecky

Mailing Address 650 Sugarbush Dr

City

Zionsville

State

IN

Zip Code

46077-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763116

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Jean Kraft

Mailing Address 5187 Sue Dr

City

Carmel

State

IN

Zip Code

46033-8669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR David Kurlander

Mailing Address 12511 Glendurgan Dr

City

Carmel

State

IN

Zip Code

46032-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763118

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Dale McCarter

Mailing Address 7150 N Pennsylvania St

City State Zip Code
Indianapolis IN 46240-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington RadiologistOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 13763119

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Gordon McLaughlin, III

Mailing Address 8440 Coral Reef Ct

City State Zip Code
Indianapolis IN 46256-9505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 13763120

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Bruce Richmond

Mailing Address 8106 Halyard Way

City State Zip Code
Indianapolis IN 46236-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Transaction ID: 13763121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Scott Savader

Mailing Address Irvington Radiologists PC
7205 Shadeland Station Ste 150

City State Zip Code
Indianapolis IN 46256-3974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763127

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Stephan Stockberger, JR

Mailing Address 8352 Skipjack Dr

City State Zip Code
Indianapolis IN 46236-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763128

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Michael Swack

Mailing Address 9703 Hunt Club Rd

City State Zip Code
Zionsville IN 46077-8454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Perry Wethington
Mailing Address 12060 Landover Lane

City State Zip Code
Fishers IN 46038-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763130

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Joseph Yedlicka
Mailing Address 9034 Bay Breeze Ct

City State Zip Code
Indianapolis IN 46236-9170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 13763131

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Thomas Harle
Mailing Address Wake Forest Univ Sch Med
Medical Center Blvd

City State Zip Code
Winston Salem NC 27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Sch Med

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911217

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bruce Cardone

Mailing Address 1340 Barrington Woods Dr

City State Zip Code
 Brookfield WI 53045-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Milwaukee, S.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR John Hamer

Mailing Address 17380 Saint James Rd

City State Zip Code
 Brookfield WI 53045-2079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Milwaukee, S.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Ian Weissman

Mailing Address 1660 N Prospect Ave Apt 2207

City State Zip Code
 Milwaukee WI 53202-2486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Milwaukee, S.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911220

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Allen C. Katz

Mailing Address 124 E Miller Drive

City State Zip Code
 Mequon WI 53092-6190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Milwaukee, S.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Debra Wiedmeyer

Mailing Address 11418 N Canterbury Ln

City State Zip Code
 Mequon WI 53092-2777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Milwaukee, S.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Robert Gould

Mailing Address 10626 Turnberry Dr

City State Zip Code
 Mequon WI 53092-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Specialists of
Milwaukee, S.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: 13911253

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Douglas Winjum Mailing Address Bryan Memorial Hospital 1600 S 48th St City Lincoln State NE Zip Code 68506-1227 FEC ID number of contributing federal political committee. C Name of Employer Lincoln Radiology Group Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 04 / 17 / 2006 Transaction ID: 13911325 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) DR Kelly Broderick Mailing Address 2840 Mariposa Dr City Burlingame State CA Zip Code 94010-5735 FEC ID number of contributing federal political committee. C Name of Employer California Advanced Imaging, M.A. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 04 / 20 / 2006 Transaction ID: 13954800 Amount of Each Receipt this Period 75.00
C. Full Name (Last, First, Middle Initial) DR Douglas Geiger Mailing Address 1658 N Russell Rd City Bloomington State IN Zip Code 47408-9637 FEC ID number of contributing federal political committee. C Name of Employer SIRA Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 04 / 21 / 2006 Transaction ID: 13966420 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR James Husted
 Mailing Address Crozier-Chester Med Ctr
 1 Medical Center Blvd

City State Zip Code
 Chester PA 19013-3902

FEC ID number of contributing federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 13966421

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR W Cloud
 Mailing Address 10 Emma Pl

City State Zip Code
 Suffield CT 06078-2165

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology and Imaging Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 13966584

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 DR Amy Kotsenas
 Mailing Address Mayo Clinic Jacksonville
 4500 San Pablo Rd S

City State Zip Code
 Jacksonville FL 32224-1865

FEC ID number of contributing federal political committee.

C

Name of Employer
Mayo ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: 13966586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Brian Moffit
 Mailing Address 501 Washington St Ste 510

City State Zip Code
 San Diego CA 92103-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Medical Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 14043044

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Robert Pyatt, JR
 Mailing Address 1391 Hearthside Dr

City State Zip Code
 Chambersburg PA 17201-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chambersburg Imaging Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 14043045

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Francine Kim
 Mailing Address 474 N Lake Shore Dr 1808

City State Zip Code
 Chicago IL 60611-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital Rad.
Foundation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 14043046

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Betsy Card

Mailing Address 4155 Riverhaven Dr

City State Zip Code
Reno NV 89509-2189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Basin Imaging Carson
City

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 14043119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Lawrence Liebscher

Mailing Address 2615 W 4th St

City State Zip Code
Waterloo IA 50701-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Medical Spec-
ialists, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 6

Transaction ID: 14049108

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR David Buck

Mailing Address 144 Penhurst Dr

City State Zip Code
Pittsburgh PA 15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14049974

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR P Lynwood Stagg, III

Mailing Address 115 Pearce Dr

City

Jamestown

State

NC

Zip Code

27282-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Point Radiological
Services

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14049977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Shane Kraske

Mailing Address 1165 Wild Prairie Dr

City

Iowa City

State

IA

Zip Code

52246-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Serv-
ices, Coralvill

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14063489

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Bill Warren

Mailing Address UWMC
Box 357115

City

Seattle

State

WA

Zip Code

98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14063492

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael DeVenny

Mailing Address 3090 Yorktown Dr

City State Zip Code
 Tuscaloosa AL 35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 14063494

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR William Herrington

Mailing Address 1110 Laurel Pl

City State Zip Code
 Athens GA 30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 14063992

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. DR John Lohnes, JR

Mailing Address Wichita Radiological Group PA
 PO Box 8903

City State Zip Code
 Wichita KS 67208-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiological Group
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 14063994

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR William Powlis

Mailing Address Crozer Chester Medical Center
1 Medical Center Blvd

City State Zip Code
Chester PA 19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology Ltd.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14063996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14075219

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR David Marcantonio

Mailing Address Georgia West Imaging
119 Maple St Ste 205

City State Zip Code
Carrollton GA 30117-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia West Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14126296

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Terry Martin

Mailing Address Rad Assoc of Biirmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Biirmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14126308

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City State Zip Code
Birmingham AL 35242-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14126336

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14130095

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

258.34

TOTAL This Period (last page this line number only)

15208.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3304.90

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14516523

Amount of Each Receipt this Period

987.96

Interest

SUBTOTAL of Receipts This Page (optional)

987.96

TOTAL This Period (last page this line number only)

987.96

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Norwood For Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles W. Norwood

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 9

Transaction ID: 13723915

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Craig Thomas

Mailing Address 2780 Olive Dr

City
Cheyenne

State
WY

Zip Code
82001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Craig Thomas

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: WY

District: 1

Transaction ID: 13460278

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas Price

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 6

Transaction ID: 13485078

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 32

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13484533

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete PAC

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13460292

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name
Rep. Joseph R. Pitts

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 16

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13460277

Date of Disbursement

04 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Don Sherwood

Mailing Address 81 Warren Street

City Tunkhannock State PA Zip Code 18657

Purpose of Disbursement

Candidate Name
Rep. Donald L. Sherwood

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 10

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13753213

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Moran For Congress

Mailing Address 44 Canal Center Plaza 2nd Flr
2nd Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Rep. James P. Moran

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 8

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13460275

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name
Rep. Michael Thompson

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13688088

Date of Disbursement

04 / 11 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Geoffrey Davis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 4

Transaction ID: 13688070

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. F Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 2

Transaction ID: 13454546

Date of Disbursement

04 / 15 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28601

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Patrick McHenry

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Transaction ID: 13911488

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

Candidate Name
Rep. Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 4

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13460276

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
04 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

21000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14516660

Date of Disbursement

/ /

Amount of Each Disbursement this Period

591.54

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

591.54

TOTAL This Period (last page this line number only)

591.54